# **FORM D**

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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED

# **FORM D**

MAY 1 5 2008 THOMSON REUTERS

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| 14          | 34      | 90S_                |
|-------------|---------|---------------------|
| OMB         | APPRO   | OVAL                |
| OMB Num     | ber:    | 3235-0076           |
| Expires:    | April   | 30,2008<br>e burden |
| Estimated   | average | e burden            |
| hours per r | espons  | e 16.00             |
|             |         |                     |

| SEC USE ONLY |            |  |  |  |  |  |
|--------------|------------|--|--|--|--|--|
| Prefix       | Serial     |  |  |  |  |  |
|              |            |  |  |  |  |  |
| DAT          | E RECEIVED |  |  |  |  |  |
|              | 1          |  |  |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)   |  |
|--|--|
| Membership Interest in 06 West's Secret, LLC Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  | ULOE   |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment   |  |
|  |  |
| A. BASIC IDENTIFICATION DATA   |  |
| 1. Enter the information requested about the issuer  | 08049537   |
| Name of Issuer (  check if this is an amendment and name has changed, and indicate change.)  | Washington, DC   |
| 06 West's Secret, LLC  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code)   |
|  | (502) 245-4293<br>Teleph <b>Siz College (MEQUARES ING</b> Code)  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  | Section Section  |
| Brief Description of Business  | MAY 0 & 2008   |
| Racehorse management   | WVA A A TOOR   |
|  |  |
| Type of Business Organization    corporation   | clease specify): Limital Lieb Lity Comput  |
| business trust   limited partnership, to be formed   | Section  |
| Month Year   | <u>Segiuli</u>   |
| Actual or Estimated Date of Incorporation or Organization: 0 2   |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  | MAY U D ZUUD   |
| GENERAL INSTRUCTIONS   | Washington, DC   |
| Federal:   | 900  |
| Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).   | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.   |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.  | A notice is deemed filed with the U.S. Securities clow or, if received at that address after the date on   |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205   | 549.   |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.   | y signed. Any copies not manually signed must be   |
| Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.   | rt the name of the issuer and offering, any changes<br>lied in Parts A and B. Part E and the Appendix need |
| Filing Fee: There is no federal filing fee.  |  |
| State:   |  |
| This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for so ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed. | Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall       |
| ATTENTION  |  |
| Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.  |  |

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or **Executive Officer** Director Ø Check Box(es) that Apply: Promoter Beneficial Owner П Managing Partner Full Name (Last name first, if individual) West Point Thoroughbreds, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 100 Technology Way, Suite 425, Mt. Laurel, NJ 08054 General and/or Director Promoter ☐ Beneficial Owner **Executive Officer** Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) **Executive Officer** ☐ Director General and/or Promoter Beneficial Owner П Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Beneficial Owner Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address General and/or Executive Officer Check Box(es) that Apply: Beneficial Owner Director Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

|  | B. INFORMATION ABOUT OFFERING   |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                                       |                      |  |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|---------------------------------------|----------------------|--|
| 1. F   | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.   |                      |                      |                      |                      |                      |                      |                      | Yes                  | No                                      |                      |                                       |                      |  |
| 2. V   |   |                      |                      |                      |                      |                      |                      |                      | s_10,                | 460.00                                  |                      |                                       |                      |  |
|  |   |                      |                      |                      |                      |                      |                      |                      | Yes                  | No                                      |                      |                                       |                      |  |
|  |   |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                                       |                      |  |
| I<br>O   | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                                       |                      |  |
| Full N   | Vame (I   | Last name            | first, if indi       | ividual)             |                      |                      |                      |                      |                      |   |                      |                                       |                      |  |
| Busin  | ess or  | Residence            | Address (N           | lumber and           | d Street, C          | ity, State, Z        | (ip Code)            |                      |                      |   |                      |                                       |                      |  |
| Name   | of Ass  | ociated Bi           | oker or Dea          | aler                 |                      |                      |                      |                      |                      |   |                      |                                       |                      |  |
| States   | in Wh   | ich Persor           | Listed Has           | Solicited            | or Intends           | to Solicit           | Purchasers           |                      |                      |   |                      |                                       |                      |  |
| (  | Check   | "All States          | or check             | individual           | States)              |                      |                      |                      |                      | *************************************** |                      | All States                            |                      |  |
| [  | AL<br>IL<br>MT<br>RI  | AK<br>IN<br>NE<br>SC | AZ<br>IA<br>NV<br>SD | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | CT<br>ME<br>NY<br>VT | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY                  | MO<br>PA<br>PR       |  |
| Full N   | Name (I   | Last name            | first, if indi       | ividual)             |                      |                      |                      |                      |                      | <del></del>                             |                      |                                       |                      |  |
| Busin  | ess or  | Residence            | Address (N           | Number an            | d Street, C          | City, State,         | Zip Code)            |                      |                      |   |                      | <u>.</u>                              |                      |  |
| Name   | of Ass  | ociated Bi           | oker or Dea          | aler                 |                      |                      |                      |                      |                      |   |                      | <del> </del>                          |                      |  |
| States   | in Wh   | ich Person           | Listed Has           | Solicited            | or Intends           | to Solicit           | Purchasers           |                      |                      |   |                      | · · · · · · · · · · · · · · · · · · · |                      |  |
| (  | Check   | "All States          | or check             | individual           | States)              |                      |                      |                      |                      |   |                      | ☐ Al                                  | l States             |  |
|  | AL<br>IL<br>MT<br>RI  | AK<br>IN<br>NE<br>SC | IA<br>NV<br>SD       | AR<br>KS<br>NH<br>TN | CA<br>KY<br>NJ<br>TX | CO<br>LA<br>NM<br>UT | ME<br>NY<br>VT       | MD<br>NC<br>VA       | DC<br>MA<br>ND<br>WA | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI | MS<br>OR<br>WY                        | ID<br>MO<br>PA<br>PR |  |
| Full N   | Vame (I   | Last name            | first, if indi       | vidual)              |                      |                      |                      |                      |                      |   |                      |                                       |                      |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)     |   |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                                       |                      |  |
| Name of Associated Broker or Dealer  |   |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                                       |                      |  |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers |   |                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                                       |                      |  |
| (Check "All States" or check individual States)                              |   |                      |                      |                      |                      |                      |                      | ☐ Al                 | l States             |   |                      |                                       |                      |  |
| <u> </u>   | AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI   |                      |                      |                      |                      |                      |                      |                      | MN<br>OK             | MS<br>OR<br>WY                          | MO<br>PA<br>PR       |                                       |                      |  |

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                     |   |  |
|----|--|---------------------|---|--|
|    |  | Aggregate           |   | Amount Already                             |
|    | Type of Security   | Offering Price      |   | Sold                                       |
|    | Debt   | <u> </u>            | _ | s  |
|    | Equity   | <u> </u>            | _ | \$   |
|    | Common Preferred   |                     |   |  |
|    | Convertible Securities (including warrants)  | ·                   | _ | \$   |
|    | Partnership Interests  |                     |   | s  |
|    | Other (Specify LLC Interests   | 279,000.00          | _ | \$_20,925.00                               |
|    | Total  | 279,000.00          | _ | \$_20,925.00                               |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                     |   |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             | Number<br>Investors |   | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors   | 1                   |   | \$ 20,925.00                               |
|    | Non-accredited Investors   |                     | _ | \$   |
|    | Total (for filings under Rule 504 only)  |                     | _ | \$   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                     |   |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                     |   |  |
|    | Type of Offering   | Type of<br>Security |   | Dollar Amount<br>Sold                      |
|    | Rule 505   | <del>-</del>        |   | \$   |
|    | Regulation A   |                     |   | \$   |
|    | Rule 504   |                     |   | \$   |
|    | Total  |                     |   | \$_0.00                                    |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                     |   |  |
|    | Transfer Agent's Fees  |                     | ] | \$   |
|    | Printing and Engraving Costs   |                     | 1 | \$   |
|    | Legal Fees   |                     | 1 | s  |
|    | Accounting Fees  | _                   | ] | \$   |
|    | Engineering Fees   | _                   | ] | \$   |
|    | Sales Commissions (specify finders' fees separately)   | -                   | ] | s  |
|    | Other Expenses (identify) State filing fees  |                     | 1 | \$ 4,000.00                                |
|    | Total  |                     | 1 | \$ 4,000.00                                |

|     | C. OFFERING PRICE, NUMB  | ER OF INVESTORS, EXPENSES AND USE OF P               | ROCEEDS  |                       |  |
|-----|--|--|--|-----------------------|--|
|     | b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."   | Question 4.a. This difference is the "adjusted gross |  | \$                    |  |
| 5.  | Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part |  |  |                       |  |
|     |  |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others |  |
|     | Salaries and fees  |  | ] <b>\$</b>  | s                     |  |
|     | Purchase of real estate  |  | ]\$  | <u> </u>              |  |
|     | Purchase, rental or leasing and installation of mach and equipment   |  | ]\$  |                       |  |
|     | Construction or leasing of plant buildings and facil   | lities   | ] <b>\$</b>  | <b>S</b>              |  |
|     | Acquisition of other businesses (including the valu<br>offering that may be used in exchange for the asset<br>issuer pursuant to a merger)   | s or securities of another                           | <b>7.</b> \$   | <b>□\$</b>            |  |
|     | Repayment of indebtedness  |  | <del></del>  |                       |  |
|     | Working capital  |  | <del></del> -  |                       |  |
|     | Other (specify): Purchase of 06 Forestry/West's  | \$ 243,000.00  |  |                       |  |
|     | Pre-paid training, care and maintenance of the h   | \$ 32,000.00   | ss   |                       |  |
|     | Column Totals  | \$ <u>275,000.00</u>                                 | \$_0.00  |                       |  |
|     | Total Payments Listed (column totals added)  | <b>∑</b> \$ <u>27</u>                                | 5,000.00   |                       |  |
|     |  | D. FEDERAL SIGNATURE                                 |  |                       |  |
| sig | e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accre  | hish to the U.S. Securities and Exchange Commiss     | sion, <mark>upon wri</mark> tter                       |                       |  |
| Iss | ner (Print or Type)  | Signature /  | Pate   |                       |  |
|     | West's Secret, LLC   | - <i>I</i> I   | 1/30/08  |                       |  |
| Na  | ne of Signer (Print or Type)   | Title of Signer (Print or Type)                      |  |                       |  |
|     | hua A. Cooper, CPA   | oreds, Inc Man                                       | ager   |                       |  |
| _   |  |  |  |                       |  |

- ATTENTION -